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ONE HUNDRED NINETEENTH CONGRESS

Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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September 13, 2026

MEMORANDUM

To: Subcommittee on Health Members and Staff
From: Committee Majority Staff
Re: Subcommittee on Health Hearing on September 15, 2026

I. INTRODUCTION

The Subcommittee on Health has scheduled a hearing on Tuesday, September 15, 2026, at 10:15 a.m. (ET) in 1334 Longworth House Office Building. The hearing is entitled "Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity." The hearing will review the following legislation:

- H.R. 9693, Patients First Act of 2026 (Reps. Joyce (PA) and Schrier)
- H.R. 8163, Provider Reimbursement Stability Act of 2026 (Reps. Murphy and Schneider)
- H.R. 8622, Medicare Physician Data-driven Performance Payment System Act of 2026 (Reps. Miller-Meeks and Conaway)
- H.R. 7863, Promoting Fairness for Medicare Providers Act of 2026 (Reps. Bilirakis and Ruiz)
- H.R. 4331, Access to Claims Data Act (Reps. Joyce (PA) and Schrier)
- H.R. 5737, Radiology Outpatient Ordering Transmission (ROOT) Act (Reps. Harshbarger and Moore (UT))
- H.R. ___, [Health Care Cybersecurity and Resiliency Act of 2026]
- H.R. 9908, Rural Hospital Cybersecurity Enhancement Act (Reps. Houchin and Schrier)
- H.R. 3164, Ensuring Community Access to Pharmacist Services Act (Reps. Smith (NE) and Schneider)
- H.R. 1521, Dental and Optometric Care (DOC) Access Act of 2025 (Reps. Carter (GA) and Clarke)
- H.R. 6130, ASAP Act (Reps. Buchanan and Tonko)
- H.R. 1189, National Plan for Epilepsy Act (Reps. Costa and Murphy)

- H.R. 1254, Rural Obstetrics Readiness Act (Rep. Kelly (IL))
- H.R. 7905, Diabetes Foot Health Access and Modernization Act of 2026 (Reps. Joyce (PA) and DeGette)
- H.R. 1616, Promoting Access to Diabetic Shoes Act (Reps. LaHood and Barragán)
- H.R. 6214, Kidney Care Access Protection Act (Reps. Miller (WV) and Sewell)
- H.R. 8319, KIDNEY Remote Monitoring Act (Reps. Yakym, Schneider, Miller-Meeks, and Dingell)

II. WITNESSES

- **Greg Garcia,** Executive Director for Cybersecurity, Healthcare and Public Health Sector Coordinating Council (HSCC);
- **Anthony Pudlo, PharmD, MBA, MS,** Chief Executive Officer, Tennessee Pharmacists Association (TPA);
- **Murad Alam, MD, MSCI, MBA, FAAD,** President, American Academy of Dermatology Association (AADA);
- **Rebecca Andrews, MS, MD, MACP**, Immediate Past Chair, Board of Regents (2026 – 2027), American College of Physicians (ACP);
- **Eilean Attwood, MD, MPH,** Immediate Past Chair of the Committee on Health Economics and Coding, American College of Obstetricians and Gynecologists (ACOG); and
- **Gabi Conecker, MPH,** Co-Founder and Executive Director, Decoding Developmental Epilepsies**.**

III. BACKGROUND

This legislative hearing will build on the Committee's work in the 119th Congress to examine the Medicare physician fee schedule, reforms enacted in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, and opportunities for Medicare payment reforms. The Committee will consider legislative proposals that aim to address long-standing issues in the Medicare physician fee schedule.

Despite attempts to craft MACRA in a way that would move past the need for Congress to enact semiannual or annual "doc fixes" and toward a system focused on driving efficient and high-quality care, many of these challenges persist. These include the role played by the fee schedule in establishing rates for providers and regulatory structures in the Medicare program that can place significant administrative burden on physicians and other health professionals without driving meaningful quality improvement. This strain placed on providers, resulting from payment uncertainty and regulatory complexity, affects the ability of these practitioners to furnish care. This legislative hearing will examine potential solutions to stabilize physician payment, reduce administrative burden, and protect and improve seniors' access to care.

The Committee will also consider policies intended to address the ongoing threat of cyberattacks to health care and public health infrastructure in the U.S. To date, in 2026 there have been 329 breaches of unsecured protected health information from a health care provider or health plan derived from a hacking or IT incident, each affecting between 500 and 15,000,000 individuals.[1] Recent cyberattacks on health care facilities have led to patient extortion using sensitive health information, payment portal outages, and system-wide outages resulting in disruptions in patient care, which include cancellation of urgent surgeries and radiology appointments in addition to the inability to provide emergency care.[2] Cyberattacks may happen to any health care and public health entity; however, rural hospitals in particular may face challenges in resolving an attack given that smaller hospital systems typically lack the personnel and financial resources to prevent and respond to a cyberattack.[3]

IV. LEGISLATION

The Subcommittee will discuss the following legislation:

A. H.R. 9693, Patients First Act of 2026 (Reps. Joyce and Schrier)

H.R. 9693 would modify the conversion factor updates applicable to physicians' services under Medicare, require the Department of Health and Human Services (HHS) to implement a hybrid payment model for primary care services, and establish a workable geographic floor adjustment for high inflationary years. It would also transition the Merit-based Incentive Payment System, or MIPS, to the Patient Outcome Improvement National Tabulation System, or POINTS, and require the Secretary of HHS to establish a Quality Reform Task Force to provide recommendations on the utilization of quality, resource use, and care efficiency measures. It would also modify MIPS payment adjustments, increasing to two, three, four, and five percent for the years 2027 through 2031, 2032, 2033, and 2034, respectively, with a reduction in positive MIPS payment adjustments for MIPS-eligible professionals that are a part of an excluded practice.

H.R. 9693 would also modify the requirements and approval periods for qualified clinical data registries, facilitate expanded access to claims data for research and quality improvement activities, and modify the appropriate use criteria data collection for applicable imaging services.

H.R. 9693 would also modify the qualifying Alternative Payment Models (APM) participant threshold, update the Secretary's ability to terminate or modify models established by the Center for Medicare and Medicaid Innovation (CMMI), and require a report on existing barriers to participation in value-based payment models for certain providers.

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[1] HHS, Office for Civil Rights, *Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information* (last accessed Sept. 2026), https://ocrportal.hhs.gov/ocr/breach/breach_report_hip.jsf.
[2] GOVERNMENT ACCOUNTABILITY OFFICE (GAO), *Healthcare Cybersecurity: HHS Continues to Have Challenges as Lead Agency*, GAO-25-107755 (Nov. 2024), https://www.gao.gov/assets/gao-25-107755.pdf.
[3] Rural Health Information Hub (RHIhub), *Cybersecurity for Rural Healthcare Facilities* (Mar. 2026), https://www ruralhealthinfo.org/topics/cybersecurity; *see also* Erin Burchfield et al., *The rural hospital cybersecurity landscape*, MICROSOFT (last accessed Sept. 2026), https://cdn-dynmedia-1.microsoft.com/is/content/microsoftcorp/microsoft/msc/documents/presentations/CSR/TSI-Rural-Hospital-Cybersecurity-Landscape-Report-2025.pdf.

H.R. 9693 would also allow for larger annual adjustments to the Medicare physician fee schedule by increasing the budget neutrality threshold to $54.3 million from 2027 to 2031, with subsequent adjustments for inflation every five years beginning in 2032. It would also require the Centers for Medicare and Medicaid Services (CMS) to reconcile the difference in expenditures based on the estimated and actual service utilization if it exceeds a certain percentage of total expenditures under the fee schedule. The bill would also require CMS to regularly update the direct costs used to calculate practice expense relative value units and prohibits the agency from adjusting the conversion factor by more than 2.5 percent compared to the preceding year.

B. H.R. 8163, Provider Reimbursement Stability Act of 2026 (Reps. Murphy and Schneider)

H.R. 8163 would allow for larger annual adjustments to the Medicare physician fee schedule by increasing the budget neutrality threshold to $54.3 million from 2027 to 2031, with subsequent adjustments for inflation every five years beginning in 2032. It would also require CMS to reconcile the difference in expenditures based on the estimated and actual service utilization if it exceeds a certain percentage of total expenditures under the fee schedule. The bill would also require CMS to regularly update the direct costs used to calculate practice expense relative value units and prohibits the agency from adjusting the conversion factor by more than 2.5 percent compared to the preceding year.

C. H.R. 8622, Medicare Physician Data-driven Performance Payment System Act of 2026 (Reps. Miller-Meeks and Conaway)

H.R. 8622 would replace the Merit-based Incentive Payment System, or MIPS, with the Data-driven Performance Payment System, or DPPS. It would set the DPPS adjustment factor at 1.25, 1.0, and 0.75 for DPPS-eligible professionals with a composite performance score for such year above, equal to, and below the performance threshold, respectively, with DPPS-eligible professionals achieving the lowest potential score across each measure or activity at an adjustment factor of 0.5. It also authorizes the Secretary to establish the performance threshold for each of 2028 through 2033, with flexibility to extend to 2034 in the event of extraordinary circumstances. Additionally, it requires that a report be submitted to Congress by December 31, 2029, detailing methodological recommendations and an assessment of the impact of DPPS across an array of DPPS-eligible health care provider types.

D. H.R. 7863, Promoting Fairness for Medicare Providers Act of 2026 (Reps. Bilirakis and Ruiz)

H.R. 7863 would align Medicare's payment for certain surgical procedures with high-cost supplies furnished in an office-based facility to a percentage of the Medicare payment applicable to ambulatory surgical centers. For purposes of the bill, specified high supply cost surgical procedures include a Healthcare Common Procedure Coding System (HCPCS) code with a supply item for which the price input was greater than $500.

E. H.R. 4331, Access to Claims Data Act (Reps. Joyce (PA) and Schier)

H.R. 4331 would require the Secretary of HHS to establish a process under which certain qualified clinical data registries or clinician-led clinical data registries can, for a fee, request claims data to conduct assessments of quality and clinical outcomes, in addition to quality improvement activities, to support research and quality improvement analyses.

F. H.R. 5737, Radiology Outpatient Ordering Transmission (ROOT) Act (Reps. Harshbarger and Moore (UT))

H.R. 5737 would modify the Medicare program's appropriate use criteria data collection for applicable imaging services.

G. H.R. ___, [Health Care Cybersecurity and Resiliency Act of 2026]

This discussion draft requires the Secretary of HHS and Director of the Cybersecurity Infrastructure Security Agency to coordinate efforts to improve cybersecurity in the Healthcare and Public Health Sector, clarifies cybersecurity responsibilities at HHS, and provides that HHS establish a cybersecurity incident response plan. The discussion draft also directs HHS to promulgate regulations related to recognized security practices for cybersecurity, update cybersecurity standards regulations under the Health Insurance Portability and Accountability Act, and issue guidance on rural cybersecurity readiness. Lastly, this discussion draft would permit the Secretary to award grants to certain eligible entities for the adoption and implementation of cybersecurity best practices.

H. H.R. 9908, Rural Hospital Cybersecurity Enhancement Act (Reps. Houchin and Schrier)

H.R. 9908 would require HHS to create and transmit to Congress a comprehensive workforce development strategy that addresses the need for cybersecurity professionals in rural hospitals. It would also require HHS to publicly publish free materials that rural hospitals can utilize to train staff on cybersecurity efforts.

I. H.R. 3164, Ensuring Community Access to Pharmacist Services Act (Reps. Smith (NE) and Schneider)

H.R. 3164 would provide Medicare coverage of certain pharmacist services under Medicare Part B if the pharmacist is legally authorized to perform such services under state law.

J. H.R. 1521, Dental and Optometric Care (DOC) Access Act of 2025 (Reps. Carter (GA) and Clarke)

H.R. 1521 would prohibit commercial health insurance plans from setting rates for certain non-covered items and services when provided by a doctor of optometry, doctor of dental surgery, or doctor of dental medicine who has an agreement to participate in the plan or coverage.

K. H.R. 6130, ASAP Act (Reps. Buchanan and Tonko)

H.R. 6130 would allow for Medicare coverage of blood-based early detection screening tests for Alzheimer's disease and related dementias that have been cleared or approved by the Food and Drug Administration.

L. H.R. 1189, National Plan for Epilepsy Act (Reps. Costa and Murphy)

H.R. 1189 would direct the Secretary of HHS to establish a national plan to prevent, diagnose, treat, and cure epilepsy. The National Plan for Epilepsy would create an Advisory Council on Epilepsy Research, Care, and Services, to meet on a regular basis and advise the Secretary on epilepsy-related issues. The Advisory Council would be required to issue an annual report that evaluates federal funding on epilepsy and offers recommendations on actions that would improve federal efforts to prevent, diagnose, treat, and cure epilepsy.

M. H.R. 1254, Rural Obstetrics Readiness Act (Reps. Kelly and Kim)

H.R. 1254 would direct the Administrator of the Health Resources and Services Administration (HRSA) to carry out grant programs that would increase the capacity of rural areas to provide emergency obstetric health services during pregnancy and the postpartum period. This bill would facilitate grant funding for training rural practitioners on the provision of emergency obstetric services, as well as for building the workforce and infrastructure necessary to provide care in the event of an obstetric emergency. This bill would also award grants for the implementation of a telehealth access program to provide urgent consultative support to maternal health care teams in rural non-obstetric settings. Finally, it would require HHS to conduct a study on maternity ward closures and regional patterns of patient transport, as well as assess models for regional partnerships in rural obstetric care.

N. H.R. 7905, Diabetes Foot Health Access and Modernization Act of 2026 (Reps. Joyce (PA) and DeGette)

H.R. 7905 would extend recognition of podiatrists as physicians under the Medicaid program. It would also clarify the documentation requirements for Medicare coverage of therapeutic shoes for individuals with diabetes.

O. H.R. 1616, Promoting Access to Diabetic Shoes Act (Reps. LaHood and Barragán)

H.R. 1616 would permit a nurse practitioner or physician assistant to satisfy the documentation requirement for the coverage of therapeutic shoes for an individual with diabetes under Medicare.

P. H.R. 6214, Kidney Care Access Protection Act (Reps. Miller and Sewell)

H.R. 6214 would modify the end-stage renal disease (ESRD) payment system's transitional drug add-on payment adjustment and transitional add-on payment adjustment for new and innovative equipment and supplies. The bill would also adjust the increase factor for ESRD payment system payment updates, expand the Medicare annual wellness benefit to include chronic kidney disease screening, and increase Medicare kidney disease education efforts.

Q. H.R. 8319, KIDNEY Remote Monitoring Act (Reps. Yakym and Schneider)

H.R. 8319 would modify Medicare payment for remote physiologic monitoring services furnished by a physician to individuals with end-stage renal disease.

V. STAFF CONTACTS

If you have questions regarding this hearing, please contact Claire Richey of the Majority Committee staff at (202) 225-3641.